

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031055

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4114

STATE FILE NUMBER

VS 300
Rev. 4/591
23 618-

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH **FILED AUG 28 1962**
a. COUNTY **JACKSON**b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **KANSAS CITY**Length of stay in 1b
22 yrsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **K.C. OSTEOPATHIC HOSPT.**Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **MISSOURI** b. COUNTY **JACKSON**c. CITY OR TOWN **KANSAS CITY**Inside Limits
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)
3910 CollegeReside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First
WILLIAM

Middle

Last
HOLMES

4. DATE OF DEATH

Month
8-8-62

Day

Year

5. SEX
Male6. COLOR OR RACE
Negro7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
2-19-19009. AGE (last birthday)
62 yrs.IF UNDER 1 YEAR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Laborer10b. KIND OF BUSINESS OR INDUSTRY
Construction11. BIRTHPLACE (City and state or country)
Conway, Arkansas12. CITIZEN OF WHAT COUNTRY
USA13a. FATHER'S NAME
Sam Holmes13b. MOTHER'S MAIDEN NAME
Lillie Scarber14. NAME OF HUSBAND OR WIFE
Hilmer Holmes15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT
Hilmer Holmes 3910 College

Address

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Circulatory CollapseINTERVAL BETWEEN ONSET AND DEATH
MINUTES

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Pulmonary Edema**HOURS**

DUE TO (c)

Primary Carcinoma of Lung**MONTHS**PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
ESSENTIAL HYPERTENSION

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **Aug 4, 1962** to **Aug 8 1962** and last saw her/him alive on **8-8-62**
Death occurred at **4:40** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

David Warren DO

22b. ADDRESS

3316 E 43rd Ave Mo

22c. DATE SIGNED

8-8-6223a. BURIAL, CREMATION, REMOVAL (Specify)
Removal23b. DATE
8-14-62

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)
Red Bird, Oklahoma

(State)

24. FUNERAL DIRECTOR

ADDRESS

Watkins Bros. Funeral Home 18th & Benton

25. DATE RECD. BY LOCAL REG.

8-9-62

26. REGISTRAR'S SIGNATURE

Ruth LongUSE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bruce R. Watkins

Licensed Embalmer No. 24500

P. O. Address 18th & Benton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.